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|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b> |                                            | ATTORNEY'S DOCKET NUMBER<br>12810-00039-US                          |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP2003/010373                                                                                      |                                            | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107529502</b> |
| INTERNATIONAL FILING DATE<br>18 September 2003                                                                                          | PRIORITY DATE CLAIMED<br>27 September 2002 |                                                                     |
| TITLE OF INVENTION      USE OF POLYMERS BASED ON N-VINYLCAPROLACTAM                                                                     |                                            |                                                                     |
| APPLICANT(S) FOR DO/EO/US      Gabi Müller et al.                                                                                       |                                            |                                                                     |

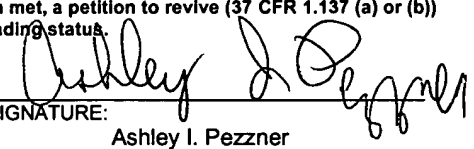
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a submission under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a submission under 35 U.S.C. 371.
3. ☐ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.
4. ☒ The US has been elected (Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - a. ☒ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
  - a. ☒ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).
9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
10. ☐ An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A preliminary amendment.
14. ☒ An Application Data Sheet under 37 CFR 1.76.
15. ☐ A substitute specification.
16. ☐ A power of attorney and/or change of address letter.
17. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
18. ☐ A second copy of the published International Application under 35 U.S.C. 154(d)(4).
19. ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20. ☒ Other items or information: Form PCT/IPEA/409

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|                                                                                                                                                                                                                                                                            |              |                                                                               |            |                                                                                                                      |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------|--------------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.51)<br><b>10/529502</b>                                                                                                                                                                                                       |              | INTERNATIONAL APPLICATION NO.<br>PCT/EP2003/010373                            |            | ATTORNEY'S DOCKET NUMBER<br>12810-00039-US                                                                           |              |
| The following fees have been submitted                                                                                                                                                                                                                                     |              |                                                                               |            | CALCULATIONS                                                                                                         | PTO USE ONLY |
| 21. <input checked="" type="checkbox"/> Basic national fee ..... \$ 300                                                                                                                                                                                                    |              |                                                                               |            | \$ 300.00                                                                                                            |              |
| 22. <input checked="" type="checkbox"/> Examination fee                                                                                                                                                                                                                    |              |                                                                               |            |                                                                                                                      |              |
| If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$100                                                                                                                                   |              |                                                                               |            |                                                                                                                      |              |
| All other situations ..... \$200                                                                                                                                                                                                                                           |              |                                                                               |            | \$ 200.00                                                                                                            |              |
| 23. <input checked="" type="checkbox"/> Search fee                                                                                                                                                                                                                         |              |                                                                               |            |                                                                                                                      |              |
| Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority ..... \$100                                                                                                                            |              |                                                                               |            |                                                                                                                      |              |
| International Search Report prepared and provided to the Office ..... \$400                                                                                                                                                                                                |              |                                                                               |            |                                                                                                                      |              |
| All other situations ..... \$500                                                                                                                                                                                                                                           |              |                                                                               |            | \$ 400.00                                                                                                            |              |
| <b>TOTAL OF 21, 22 and 23 =</b>                                                                                                                                                                                                                                            |              |                                                                               |            | \$ 900.00                                                                                                            |              |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. |              |                                                                               |            |                                                                                                                      |              |
| Total Sheets                                                                                                                                                                                                                                                               | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE       |                                                                                                                      |              |
| 60 - 100 =                                                                                                                                                                                                                                                                 | /50 =        |                                                                               | x \$250.00 |                                                                                                                      |              |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).                                                                                                                              |              |                                                                               |            | \$                                                                                                                   |              |
| CLAIMS                                                                                                                                                                                                                                                                     | NUMBER FILED | NUMBER EXTRA                                                                  | RATE       |                                                                                                                      |              |
| Total claims                                                                                                                                                                                                                                                               | 8 - 20 =     |                                                                               | x          | \$ 0.00                                                                                                              |              |
| Independent claims                                                                                                                                                                                                                                                         | 1 - 3 =      |                                                                               | x          | \$ 0.00                                                                                                              |              |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)                                                                                                                                                                                                                                |              |                                                                               |            | +                                                                                                                    | \$           |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                       |              |                                                                               |            | \$ 900.00                                                                                                            |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                                                                                             |              |                                                                               |            | \$                                                                                                                   |              |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                          |              |                                                                               |            | \$ 900.00                                                                                                            |              |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).                                                                                                                         |              |                                                                               |            | +                                                                                                                    | \$           |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                |              |                                                                               |            | \$ 900.00                                                                                                            |              |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                    |              |                                                                               |            | +                                                                                                                    | \$           |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                               |              |                                                                               |            | \$ 900.00                                                                                                            |              |
|                                                                                                                                                                                                                                                                            |              |                                                                               |            | Amount to be refunded:                                                                                               | \$           |
|                                                                                                                                                                                                                                                                            |              |                                                                               |            | Amount to be charged:                                                                                                | \$           |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.                                                                                                                                                                         |              |                                                                               |            |                                                                                                                      |              |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-2775</u> in the amount of \$ <u>900.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                          |              |                                                                               |            |                                                                                                                      |              |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-2775</u> . A duplicate copy of this sheet is enclosed.                            |              |                                                                               |            |                                                                                                                      |              |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.        |              |                                                                               |            |                                                                                                                      |              |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.                                                            |              |                                                                               |            |                                                                                                                      |              |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                                                                                |              |                                                                               |            |                                                                                                                      |              |
|                                                                                                                                                                                                                                                                            |              |                                                                               |            | SIGNATURE: <br>Ashley I. Pezzner |              |
|                                                                                                                                                                                                                                                                            |              |                                                                               |            | NAME                                                                                                                 |              |
| CUSTOMER NUMBER: 23416                                                                                                                                                                                                                                                     |              |                                                                               |            | 35,646                                                                                                               |              |
|                                                                                                                                                                                                                                                                            |              |                                                                               |            | REGISTRATION NUMBER                                                                                                  |              |

10/529502

JC13 Rec'd PCT/PTO 26 MAR 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

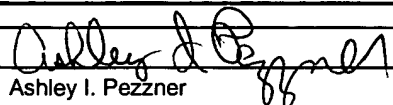
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                     |      |                          |                       |                |
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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |      | <b>Complete if Known</b> |                       |                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                      |      | Application Number       | Not Yet Assigned      |                |
|                                                                                                                                                     |      | Filing Date              | Concurrently Herewith |                |
|                                                                                                                                                     |      | First Named Inventor     | Gabi Müller           |                |
|                                                                                                                                                     |      | Examiner Name            | Not Yet Assigned      |                |
|                                                                                                                                                     |      | Art Unit                 | N/A                   |                |
| TOTAL AMOUNT OF PAYMENT                                                                                                                             | (\$) | 900.00                   | Attorney Docket No.   | 12810-00039-US |

|                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                                                                                                |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-2775    Deposit Account Name: Connolly Bove Lodge & Hutz LLP                                                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                         |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                                            |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments              |  |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                     |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                                |                                  |                         |                     |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b>             |                                  | <b>EXAMINATION FEES</b> |                     |                       |
|                                                                                                                                                                                                                                                                                                                   |                     | <u>Small Entity</u>                                     |                                | <u>Small Entity</u>              |                         | <u>Small Entity</u> |                       |
| <u>Application Type</u>                                                                                                                                                                                                                                                                                           | <u>Fee (\$)</u>     | <u>Fee (\$)</u>                                         | <u>Fee (\$)</u>                | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>         | <u>Fee (\$)</u>     | <u>Fees Paid (\$)</u> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                              | 200                     | 100                 | 900.00                |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                            | 50                               | 130                     | 65                  |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                            | 150                              | 160                     | 80                  |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                              | 600                     | 300                 |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                              | 0                                | 0                       | 0                   |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                     | <u>Small Entity</u>   |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                     | <u>Fee (\$)</u>       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                     | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                                |                                  |                         |                     | 50    25              |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                                |                                  |                         |                     | 200    100            |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                                |                                  |                         |                     | 360    180            |
| <u>Total Claims</u>                                                                                                                                                                                                                                                                                               | <u>Extra Claims</u> | <u>Fee (\$)</u>                                         | <u>Fee Paid (\$)</u>           | <u>Multiple Dependent Claims</u> |                         |                     |                       |
| 8                                                                                                                                                                                                                                                                                                                 | - 20 =              | x                                                       | =                              | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u>    |                     |                       |
| <u>Indep. Claims</u>                                                                                                                                                                                                                                                                                              | <u>Extra Claims</u> | <u>Fee (\$)</u>                                         | <u>Fee Paid (\$)</u>           |                                  |                         |                     |                       |
| 1                                                                                                                                                                                                                                                                                                                 | - 3 =               | x                                                       | =                              |                                  |                         |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                                |                                  |                         |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                                |                                  |                         |                     |                       |
| <u>Total Sheets</u>                                                                                                                                                                                                                                                                                               | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u>             |                         |                     |                       |
| 60                                                                                                                                                                                                                                                                                                                | - 100 =             | /50                                                     | (round up to a whole number) x | =                                |                         |                     |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                     |                       |
| Other (e.g., late filing surcharge): 1631 Basic National Stage fee                                                                                                                                                                                                                                                |                     |                                                         |                                |                                  |                         |                     | 300.00                |
| 1633 National Stage Examination Fee - all other ...                                                                                                                                                                                                                                                               |                     |                                                         |                                |                                  |                         |                     | 200.00                |
| 1642 National Stage Search Fee - search report ...                                                                                                                                                                                                                                                                |                     |                                                         |                                |                                  |                         |                     | 400.00                |

|                     |                                                                                     |                                   |                |
|---------------------|-------------------------------------------------------------------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                                                                                     |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 35,646         |
| Name (Print/Type)   | Ashley I. Pezzner                                                                   | Telephone                         | (302) 658-9141 |
|                     |                                                                                     | Date                              | 3/28/05        |

10/529502

JC13 PCT/PTO 28 MAR 2005

Application No. (if known): Not Yet Assigned

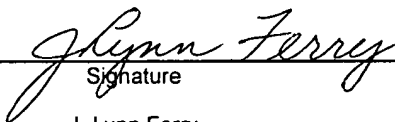
Attorney Docket No.: 12810-00039-US

**Certificate of Express Mailing Under 37 CFR 1.10**

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J. Lynn Ferry

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141  
Telephone Number

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English language translation of the International application  
Executed Combined Declaration/Power of Attorney  
Information Disclosure Statement, SB08, with references  
Preliminary Amendment  
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